



PATIENT CENTERED
MEDICAL HOMES

Maryland's Patient Centered Medical Home Program

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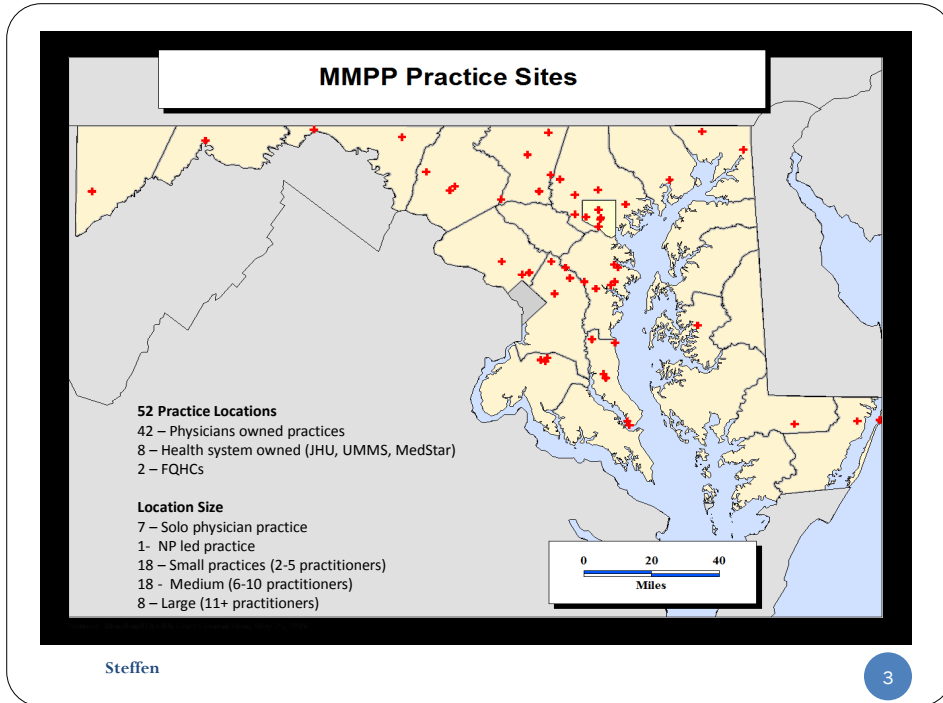


The Maryland Multi-Payer Program

- **Convener:** Maryland Quality and Cost Council
- **Legislation:** Administration sponsored legislation passed in 2010 established the multi-payer program and provided an exemption for a cost-based incentive payment.
- **Governance:** MHCC with advice from the MMPP Advisory Panel composed of representatives from provider groups, health plans, purchasers, state agencies, and community organizations.
- **Project management and funding:** MHCC provides dedicated project management and has dedicated funds to support the evaluation of the program.
- **Participating practices:** 53 pilot sites began in May 2011. Practices includes 2 federally qualified health centers, an academically-affiliated family medicine practice, hospital-owned medical practices, two internal medicine practices, family medicine practices, 3 independent family medicine physicians, and 2 independent internal medicine physicians. To date, only one practice has elected to leave the program.
- **Practice Transformation:** PCMH implementation for the practices is supported through the Maryland Learning Collaborative, a venture funded by the Maryland Community Health Resources Commission and led by clinicians from the School of Medicine at Maryland and Johns Hopkins Community Physicians.
- **Providers:** 330 providers, including physicians and nurse practitioners participate in the program. Approximately 40 residents will benefit from the program.

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What we have accomplished – provider engagement

- Engaged a geographically diverse group of practices – 52 large and small private practices, hospital-owned practices, and community clinics.
- 339 clinicians engaged in practice transformation
- Activated 250,000 patients
- Issued three (3) semi-annual cycles of fixed transformation payments
 - Prospective payments of approximately \$9.4 million

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What we have accomplished – practice transformation

Work of Maryland Learning Collaborative has been key to transformation of 52 practices...

- 52 practices achieved NCQA recognition
 - Two-Thirds achieved Level II or III at first milestone (3/31/12)
 - NCQA Level I practices all submitted for Level II or III (9/30/12)
- Held seven (7) regional Collaborative meetings
 - Interactive, peer-learning sessions
- Held four (4) large Collaborative meetings
 - Including the program launch
 - Most recent featured Ellen Marie Whelan, NP, PhD, Senior Advisor, CMS Innovations Center

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What we have accomplished – quality reporting

Reporting quality measures from practices' EHRs

- All practices must use an EHR
- MMPP measures align with CMS meaningful use measures
- MU measures require ONC-certified software
- All 52 practices submitted 2011 data in February 2012
 - 6 measures for pediatric practices
 - 18 measures for adult practices
 - 21 measures for practices with both

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PATIENT CENTERED MEDICAL HOME
MMPP Portal

MARYLAND

MMPP
QUALITY MEASURE REPORT

[Download Quality Measure Worksheet \(Excel\)](#)

Reporting Period: January 1 - December 31, 2011

Measure 4 of 6

[Logoff](#)

NQF Measure 36 (NCQA) [Use of Appropriate Medications for Asthma](#) ☒ Adult ☒ Pediatrics

☐ Skip

1. Age >=4 and <=10 yrs	330 Numerator	583 Denominator	56.60 %
2. Age >=11 and <=49 yrs	303 Numerator	680 Denominator	44.56 %
3. Age >=4 and <=49 yrs	633 Numerator	1263 Denominator	50.12 %

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What we have accomplished – shared savings

- Tested the shared savings methodology using 2009-2010 data
 - Confirmed with payers through group and individual meetings
- Calculated shared savings for 2010-2011
 - Used Maryland All Payer Claims Database
 - Refined shared savings calculation
 - ✓ Initial calculations revealed significant random variation, especially among smaller practices.
- Established a 10% payment performance limit (PPL)
 - Medicare's ACO shared savings program applies a PPL of 10%
 - The 10% PPL reduced the shared savings payments from \$1.2 million to \$.8 million.
 - ✓ 11 practices affected

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What we have accomplished – evaluation

- Evaluation objectives
 - Demonstrate that practices at varying levels of sophistication and serving diverse patient populations can improve quality, lower costs, and increase clinicians' joy in work and patient satisfaction
- Three main approaches
 - Cost and quality measures based upon claims data
 - Patient satisfaction – CAHPS-PCMH – telephone-based survey
 - Provider satisfaction assessment – web-based survey
- Timing
 - Cost and quality measures calculated using 2011 claims
 - Patient and provider surveys will be in the field in first quarter of 2013

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Plans for 2013

- Expand sharing of carriers' claims data with participating practices
 - Ultimate goal is a common interface
 - Shorter term goal to ensure practices have guaranteed access to each carrier's best system
- Encourage participating practices' use of Maryland's health information exchange
- Implement stage 2 shared savings — FY 2014 shared savings governed by ability of practices to meet quality thresholds, being set now
 - Hybrid approach to quality thresholds, similar to CMS's process for hospital value-based purchasing:
 - ✓ Meet an absolute value benchmark, or
 - ✓ Meet a threshold for improvement, e.g., % of the quality gap closed

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